

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212514054			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE EDITH AND THEODORE ROOSEVELT PINE KNOTFOUNDATION</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: ELIZABETH H WOODARD 2421 IVY RD PO BOX 438 CHARLOTTESVILLE, VA 22902</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ALBEMARLE COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/29/2012</p> <p>SCC ID NO: 05535109</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> <p>ADDRESS: 711 COLES ROLLING ROAD P.O. Box 213</p> <p>CITY/ST/ZIP: KEENE, VA 22946</p> </div>					
7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: PAULA PIERCE BEAZLEY TITLE: PRESIDENT ADDRESS: 6198 GREEN MOUNTAIN ROAD CITY/ST/ZIP/CO: ESMONT, VA 22937 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: PAULA PIERCE BEAZLEY TITLE: PRESIDENT ADDRESS: 6198 GREEN MOUNTAIN ROAD CITY/ST/ZIP/CO: ESMONT, VA 22937	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA PIERCE BEAZLEY TITLE: PRESIDENT ADDRESS: 6198 GREEN MOUNTAIN ROAD CITY/ST/ZIP/CO: ESMONT, VA 22937	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MRS WALTER E MORGAN TITLE: REC SEC ADDRESS: 257 BLUE SPRINGS LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MRS WALTER E MORGAN TITLE: REC SEC ADDRESS: 257 BLUE SPRINGS LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MRS WALTER E MORGAN TITLE: REC SEC ADDRESS: 257 BLUE SPRINGS LANE CITY/ST/ZIP/CO: CHARLOTTESVILLE, VA 22903	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR JEROME BEAZLEY TITLE: TREASURER ADDRESS: 6198 GREEN MOUNTAIN RD CITY/ST/ZIP/CO: ESMONT, VA 22937 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR JEROME BEAZLEY TITLE: TREASURER ADDRESS: 6198 GREEN MOUNTAIN RD CITY/ST/ZIP/CO: ESMONT, VA 22937	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MR JEROME BEAZLEY TITLE: TREASURER ADDRESS: 6198 GREEN MOUNTAIN RD CITY/ST/ZIP/CO: ESMONT, VA 22937	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MR. ROBERT D DALZIEL TITLE: DIRECTOR ADDRESS: P O BOX 196 CITY/ST/ZIP/CO: BUCK HILL FALLS, PA 19323-0196 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MR. ROBERT D DALZIEL TITLE: DIRECTOR ADDRESS: P O BOX 196 CITY/ST/ZIP/CO: BUCK HILL FALLS, PA 19323-0196	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MR. ROBERT D DALZIEL TITLE: DIRECTOR ADDRESS: P O BOX 196 CITY/ST/ZIP/CO: BUCK HILL FALLS, PA 19323-0196	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Mr. John S Watterson, III TITLE: VICE PRESIDENT ADDRESS: 486 Fontana Drive CITY/ST/ZIP/CO: Charlottesville,, VA 22911 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Mr. John S Watterson, III TITLE: VICE PRESIDENT ADDRESS: 486 Fontana Drive CITY/ST/ZIP/CO: Charlottesville,, VA 22911	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mr. John S Watterson, III TITLE: VICE PRESIDENT ADDRESS: 486 Fontana Drive CITY/ST/ZIP/CO: Charlottesville,, VA 22911	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Dr. Walter E. Morgan, III TITLE: DIRECTOR ADDRESS: 257 Blue Springs Lane CITY/ST/ZIP/CO: Charlottesville, VA 22903 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Dr. Walter E. Morgan, III TITLE: DIRECTOR ADDRESS: 257 Blue Springs Lane CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Dr. Walter E. Morgan, III TITLE: DIRECTOR ADDRESS: 257 Blue Springs Lane CITY/ST/ZIP/CO: Charlottesville, VA 22903	<input type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR			

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mr. Charles J. Mott DIRECTOR 1319 Pendleton Ct. Charlottesville,, VA 22901-0616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Dr. William S. Tunner DIRECTOR Stave Mill P.O. Box 115 Esmont,, VA 22937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mr. Donald L. Woodsmall DIRECTOR 1340 Mosby Charlottesville, VA 22901-0616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mrs. James Miller DIRECTOR 1754 Verona Drive Charlottesville, , VA 22911	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mrs. William Sallie Tunner DIRECTOR P.O. Box 115 Esmont, VA 22937	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mrs. David Holmes DIRECTOR Ashlawn-Highland Charlottesville, VA 22902	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mrs. Charles Mott DIRECTOR 1319 Pendleton Court Charlottesville, VA 22901-0616	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ PAULA PIERCE BEAZLEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PAULA PIERCE BEAZLEY, PRESIDENT PRINTED NAME AND CORPORATE TITLE	4/18/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			